

Sustaining Team Based Care in a Value Based Environment: What capabilities do we need to have?

A conversation

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Objectives for Our Discussion Today

1. Identify four levels of value-oriented payment experimentation.
2. Recognize current value-oriented payment opportunities in Colorado today.
3. Understand the potential partnerships play in providing high value primary care.

Health Care is Changing for Colorado Practices

ACA created opportunities and new expectations for clinical, operational, and financial performance

- Integrated behavioral and oral health
- PCMH & Population management
- Addressing social determinants of health
- Deliver relationship-based care

	Colorado Data	
	Pre ACA	Post ACA
		2014
Uninsured	14.3%	6.7%
Medicaid	11.6%	19.9%
Medicare	11.4%	12.9%
CHC Sites	152	195
Increase in CHC visits		22%

Payment Experiments & Policy Uncertainty in CO

Category 1: Fee For Service with No Link to Quality & Value

New Medicare payment codes for care management

New integrated behavioral health codes

Category 2: Fee for Service Linked to Quality & Value

RAE Key Performance Indicators

Non-FQHC Medicaid bump linked to PCMH processes

SIM Mini-grants for BH Integration

Salud Clinical Pharmacy Integration-CHF, Colorado Access

Category 3: Alternative Payment Models Built on FFS

DSRIP – Hospital Transformation Program 1115 Waiver

MACRA – Merit-based Incentive Payment System

Category 4: Population Based Payment

Rocky Mountain Health Plan Prime for Marillac and MFHC

Denver Health Medicaid Choice for Denver Health

HCPF Pilot with MFHC, Salud and Clinica

Source:
Health Care Payment
Learning & Action Network
HCP-LAN.org

California Health Care Foundation: Models for Advancing High Performance (MAHP)

- What functions and infrastructure must a health center have to address the needs of a low-income population in a value-oriented payment environment?
- How might small and medium-sized health centers either develop or acquire this infrastructure?
- What opportunities are there for health centers to partner with each other or other organizations to *share* resources with the goal of *improving* outcomes and *increasing* financial sustainability of the safety net?

Find the full report “Partnering to Succeed: How Small Health Centers Can Improve Care and Thrive Under Value-Based Payment” at

<http://www.chcf.org/PartnerToSucceed>

Approach

- Literature Review (113 sources)
- Key Informant Interviews (22 calls) & accompanying survey
 - Bright spot practices small & medium
 - Networks – IPA & Consortia
 - Innovators in social determinants screening & intervention
 - Supplemental experts
- Expert Advisor Webinar Apr 2017
- Expert Advisor Meeting Aug 2017
- Final Products: White Paper & Case Studies

What We Learned

- Leadership vision & engagement is essential for advancing care and payment change
- Coalescing around PCMH functions, especially behavioral health integration, but still room to improve
- Interest and action around social factors, but highly variable in terms of content and delivery
- Medicaid expansion enabled much of this investment to take place AND highlighted challenges, including inability to get paid for certain functions.
- No one was going it alone. Partnerships were wide-spread, long-lasting, and highly-valued.

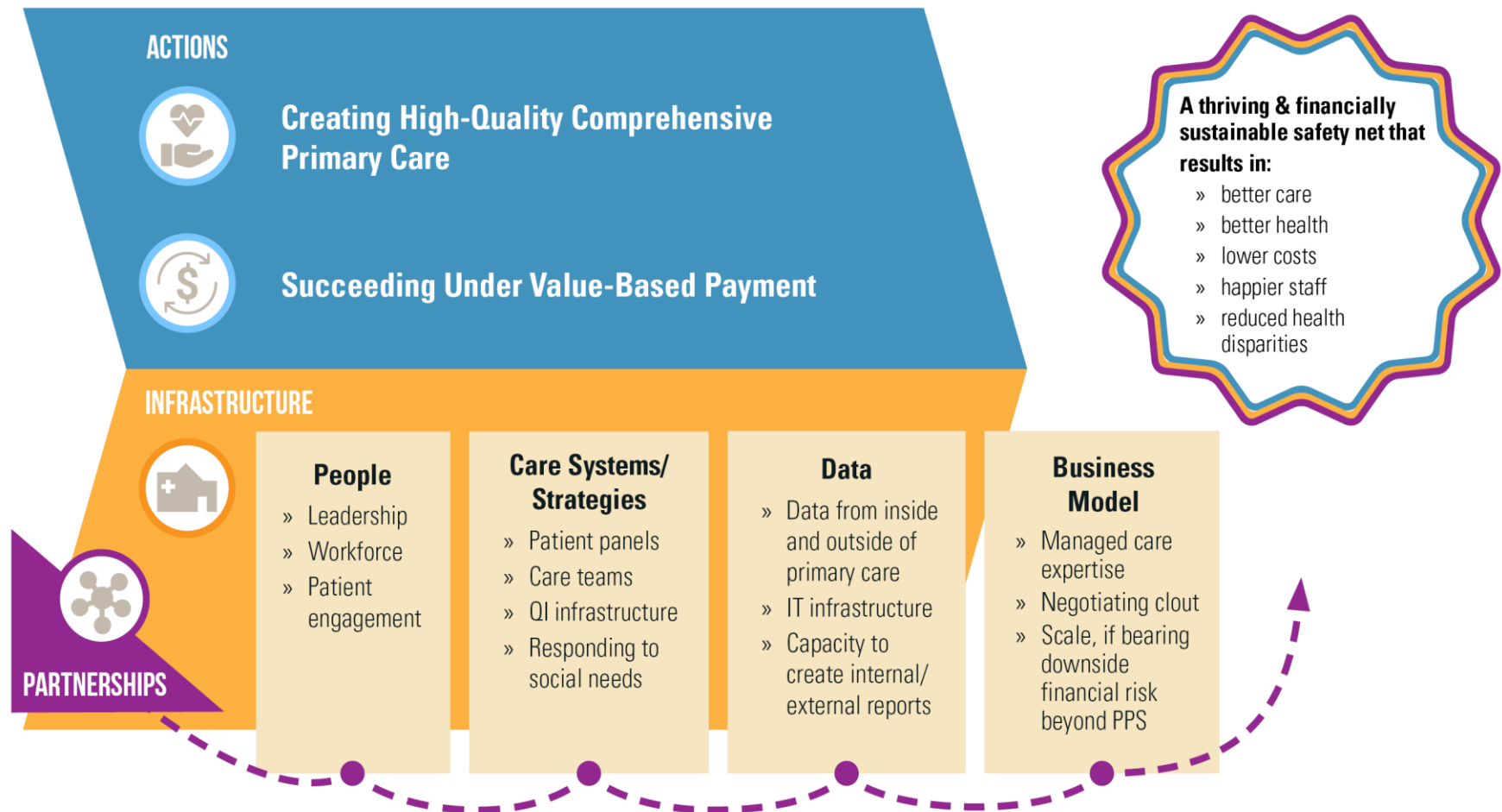
“We do anything you would think of that adds stability. The list is so big that what I can tell you is the human condition needs a multiplicity of services, and we do our very best to cover most of them.”

- Health Center Leader

What We Learned

- Research and practice are revealing concrete actions health centers need to take to deliver high-quality, comprehensive primary care and to succeed under value-based payment
- People, Care Systems/Strategies, Data, and Business Model emerged as four major areas—or pillars—of infrastructure that health centers need to support both care improvement and payment changes
- Participation in value-based payment and pursuit of comprehensive high-quality primary care can create a virtuous cycle that can be “started” with payment or care.
- For small health centers in particular, partnerships and alliances can be critical to securing necessary resources, skills, and support to fulfill their missions.

Model for Advancing High Performance



Our Focus for Today's Conversation

Four pillars of infrastructure that health centers need to support both care improvement and payment changes



Infrastructure

What health centers need to have to support care and payment redesign

People

- » Leadership
- » Workforce
- » Patient engagement

Care Systems/ Strategies

- » Patient panels
- » Care teams
- » QI infrastructure
- » Responding to social needs

Data

- » Data from inside and outside of primary care
- » IT infrastructure
- » Capacity to create internal/external reports

Business Model

- » Managed care contracting expertise
- » Negotiating clout
- » Scale, if bearing downside financial risk beyond PPS

Discussion Topics

How has value-based payment for primary care impacted practices in other states?



Discussion Topics

We've spent a tremendous amount of time & energy developing team-based care capabilities within our primary care practices with the hopes of improving outcomes and experience for our patients. What are programs that we have in place already that help us in this new payment environment and show us that we can shape our future?



Discussion Topics

Are new/additional capabilities needed around articulating our business model participating in value-based pay work in Colorado?



Power of Partnership

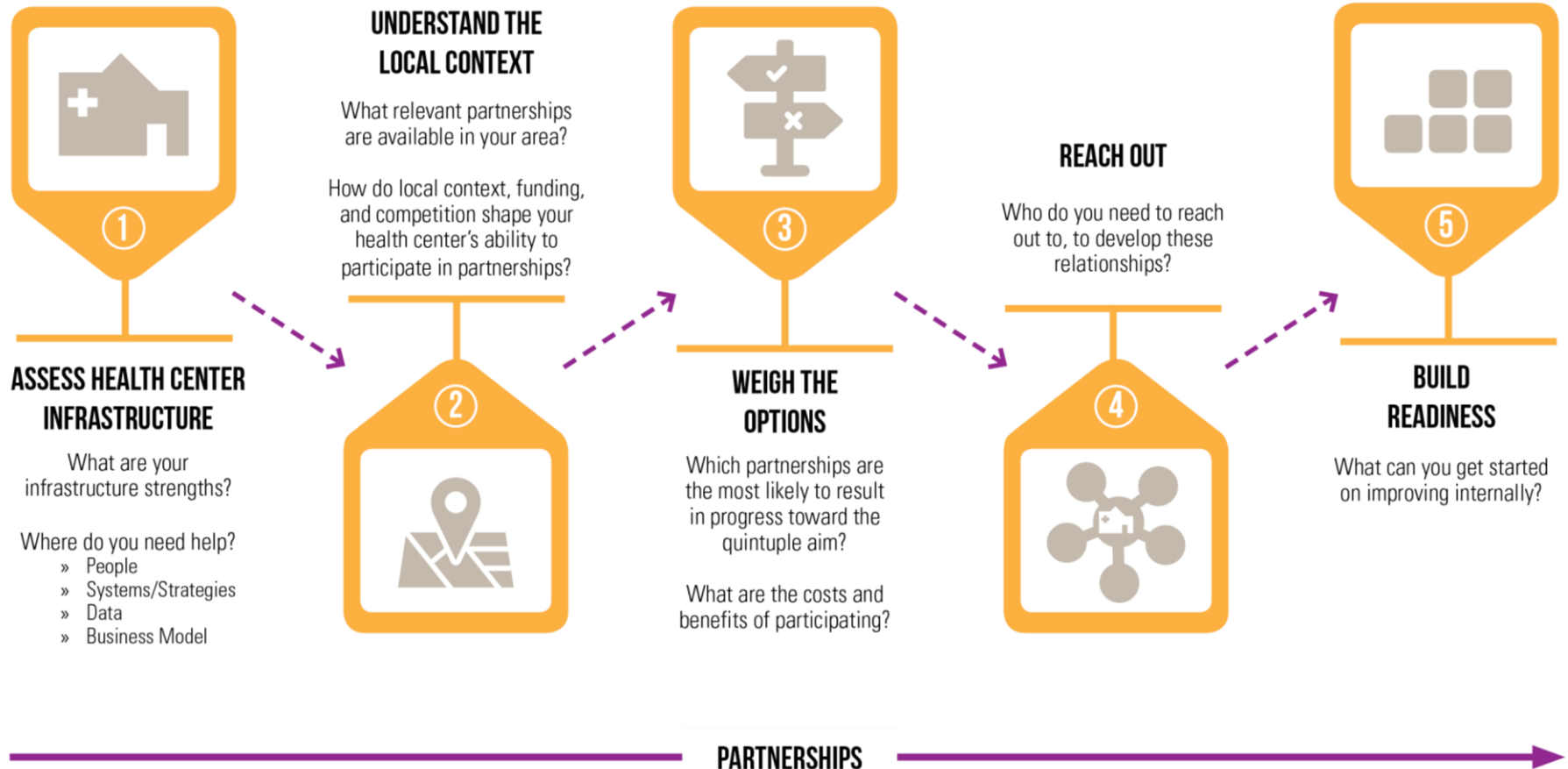
- » Partnerships with Community-Based Agencies and Organizations
- » Partnerships with Hospitals
- » RAEs
- » Management Services Organizations (MSOs) and Clinically Integrated Networks (CINs)
- » Health Center-led Independent Practice Associations (IPAs)
- » Partnerships with Health Plans
- » Mergers/Acquisitions



PARTNERSHIPS

“Clinics should not provide everything themselves. They need to find their strengths and then partner or buy other services.”
- Consortia Leader

Road Map for Partnering: Key Questions





Thank you!

For more information:

APM for Non-FQHCs: <https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3>

Short Term BH Codes: [HCPF Fact Sheet](#)

ACC Phase II: <https://www.colorado.gov/pacific/hcpf/accphase2>

HCPF APM Survival Guide: [Survival Guide](#)

HCP LAN: <https://hcp-lan.org/>

APM Pilot for FQHC contact: Marija Weeden at marija@cchn.org